

June 18, 2003

Kim Davis, CC, APC, Manager  
Agent for Current Technologies, Inc.  
RegWest Company, LLC  
30856 Rocky Road  
Greeley, CO 80631-9375

Subject: Hype-Wipe  
EPA Registration No. 70590-1  
Application Date: May 16, 2003  
Receipt Date: May 22, 2003

Dear Ms. Davis:

This acknowledges receipt of your notification, submitted under the provision of PR Notice 98-10, FIFRA section 3(c)9.

**Proposed Notification**

- additions of pre-cleaning instructions to Directions for Use Statement

**General Comments**

Based on a review of the material submitted, the following comments apply:

The notification application is acceptable and a copy has been inserted in your file for future reference.

Should you have any questions or comments concerning this letter, please contact me at (703) 308-6264.

Sincerely,

*for Robert S. Brennis*

Robert S. Brennis  
Product Manager 32  
Regulatory Management Branch II  
Antimicrobials Division (7510C)

**CONCURRENCES**

MBOL	7510C							
RNAME	E. Berg							
TE	6/19/03							

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United States <b>Environmental Protection Agency</b> 1200 Pennsylvania Avenue, N.W. Washington, DC 20460-0001	<input type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input checked="" type="checkbox"/> <b>Other</b>	OPP Identifier Number
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**Application for Pesticide – Section I**

1. Company/Product Number <b>EPA Reg. No. 70590-1</b>	2. EPA Product Manager <b>Robert S. Brennis</b>	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/ Product (Name) <b>Hype-Wipe</b>	PM # <b>32</b>	
5. Name and Address of Applicant (Include ZIP Code) <b>Current Technologies, Inc.</b> <b>c/o RegWest Company, LLC</b> <b>30856 Rocky Road</b> <b>Greeley, CO 80631-9375</b>  <input type="checkbox"/> Check if this is a new address	6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i) my product is similar or identical in composition and labeling to:  EPA Reg. No. _____  Product Name _____	

**Section – II**

<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated <b>06/11/01</b> <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.
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**Explanation:** Use additional page(s) if necessary. (For Section I and Section II.)

**Submit label revision notification per PR Notice 98-10.**

*This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR §152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statements to the EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR § 152.46 this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under Sections 12 and 14 of FIFRA.*

**Section – III**

<b>1. Material This Product Will Be Packaged In:</b>					
Child Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify): _____		
<b>*Certification must be submitted</b>		If "Yes" Unit Packaging Wgt.	No. Per Container	If "Yes" Packaging Wgt.	No. Per Container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling Accompanying Product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Stenciled <input type="checkbox"/> Paper glued <input type="checkbox"/> Other _____					

**Section - IV**

<b>1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application).</b>		
Name <b>Kim Davis, CC, APC, Manager</b>	Title <b>Consultant/Agent</b>	Telephone No. (Include Area Code) <b>(970) 353-0011</b>
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received <b>(Stamped)</b>
2. Signature 	3. Title <b>Consultant/Agent</b>	
4. Typed Name <b>Kim Davis, CC, APC, Manager</b>	5. Date <b>May 16, 2003</b>	

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May 16, 2003

Robert S. Brennis, Product Manager 32  
 Document Processing Desk - **NOTIF**  
 Office of Pesticide Programs - **7504C**  
**U.S. Environmental Protection Agency**  
 1921 Jefferson Davis Highway  
 Crystal Mall #2, Room 266A  
 Arlington, VA 22202-4501

Dear Mr. Brennis:

**Subject:** Current Technologies, Inc.  
 Hype-Wipe  
 EPA Reg. No. 70590-1

On behalf of its client **Current Technologies, Inc.** RegWest Company is submitting the attached materials in support of a label revision notification for subject product. RegWest Company will act as sole agent in this endeavor.

Attached are the following:

1. Application for Pesticide: Other
2. One **Reference Label**
3. Two final printed labels

The **Reference Label** clearly illustrates the one label revision. We are adding *Remove all gross filth and heavy soil from surfaces to be disinfected* (per DIS/TSS-15) as point number one in the Directions. CDPR pointed out this omission to us.

Please contact me at (970) 353-0611 or at regwestco@aol.com if you have any questions or require additional information.

Regards,  
**RegWest Company, LLC**



Kim Davis, CC, APC, Manager  
 Consultant/Agent

Attachments

pc: CTI - Hapak, S.

30856 Rocky Road  
 Greeley, CO 80631-9375  
 970-353-0611  
 970-353-0613 Fax  
 regwestco@aol.com

WHEN OPENING: AVOID CONTACT WITH CLOTHING

← Tear Here →

# HYPE-WIPE®

## DISINFECTING TOWEL WITH BLEACH

For One-Step Cleaning, Disinfecting Counters,  
Equipment and Other Hard, Non-Porous Surfaces.  
Contains at least a 1:10 dilution (0.55% by weight or 5500 ppm)  
of NaOCl (bleach) at expiration with proper storage.

### KILLS:

*Staphylococcus aureus* • *Pseudomonas aeruginosa* • *Salmonella choleraesuis*

### Active Ingredient:

Sodium Hypochlorite .....	0.94%
Other Ingredients .....	99.06%
Total .....	100.00%

Towel: Folded 6" x 12" nonwoven polypropylene  
EPA Reg. No. 70590-1 EPA Est. 70590-IN-1  
Net Wt. 12.2 grams (excludes towel)

Keep Out of Reach of Children

## CAUTION

See back panel for additional precautionary statements

**current technologies, inc.**

P.O. Box 21  
Crawfordsville, IN 47933 U.S.A.  
Phone: 765-364-0490 Fax: 765-364-1607

Reorder # 9103

WHEN OPENING: AVOID CONTACT WITH CLOTHING

← Tear Here →

## HYPE-WIPE® BLEACH TOWEL

- Meets AOAC Hard Surface Carrier Disinfection Test
- Contains at least a 1:10 dilution of household bleach (5500 ppm) at expiration date (stamped on back of pouch) if properly stored.
- Suitable for hard, non-porous surfaces including stainless steel, plastics, glass, ceramics, vinyl, porcelain.
- For use in clinical and industrial labs, clinics, hospitals, blood banks, physician and dental offices, wastewater facilities, emergency units, nursing stations.

This product is not to be used as a terminal sterilant/high level disinfectant on any surface or instrument that (1) is introduced directly into the human body, either into or in contact with the bloodstream or normally sterile areas of the body, or (2) contacts intact mucous membranes but which does not ordinarily penetrate the blood barrier or otherwise enter normally sterile areas of the body. This product may be used to preclean or decontaminate critical or semi-critical medical devices prior to sterilization or high level disinfection.

### DIRECTIONS FOR USE

It is a violation of Federal law to use this product in a manner inconsistent with its labeling.

1. Remove all gross filth and heavy soil from surfaces to be disinfected.
2. Open pouch, remove towel. Use towel and liquid to wipe surface.
3. Allow solution to contact surface for 5 minutes before wiping or allow to air dry. Dispose towel in appropriate waste container.
4. **Personal Protection:** When handling surfaces soiled with blood/body fluids, wear disposable gloves, gowns and eye covering.

**Storage:** Store in a cool, dry area away from sunlight and heat to inhibit deterioration/reduced concentration of bleach solution. **Disposal:** Do not reuse empty pouch; wrap and put in trash.

### PRECAUTIONARY STATEMENTS

#### Physical or Chemical Hazards

Do not use this product with ammonia, acids (such as vinegar), rust removers, toilet bowl cleaners. Will corrode aluminum.

**Expiration Date:**

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